



Attorney Docket No.: 042390P6139C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
CARAPPELLA, ET AL.

Application No.: 09/665,034

Filed: 09/19/00

For: **METHODS FORMING AN
INTEGRATED CIRCUIT PACKAGE
WITH A SPLIT CAVITY WALL
(As Amended)**

Examiner: NGO, H.

Art Group: 2831

**REQUEST FOR APPROVAL OF DRAWING
CHANGES UNDER 37 CFR 1.123**

To: Assistant Commissioner for Patents
Washington, D.C. 20231-9998

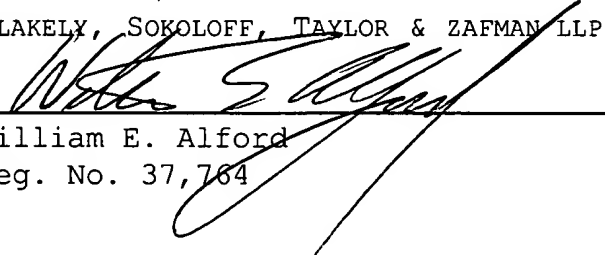
Dear Sir:

Applicant respectfully requests the Examiner's approval to the changes shown by pink highlighting on the attached drawings of FIG(s). 1 and 4. Applicant's undersigned attorney may be reached by telephone at (714) 557-3800.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: October 29, 2001



William E. Alford
Reg. No. 37,784

CERTIFICATE OF MAILING

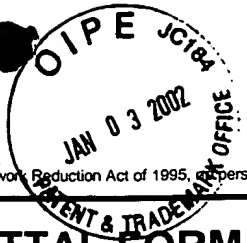
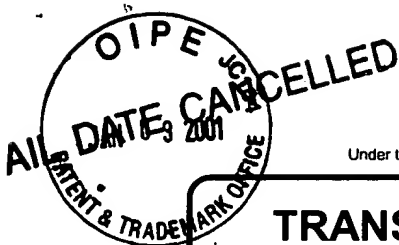
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: October 29, 2001.



Susan McFarlane
Date

10/29/01
Date

App. Serial No.: 09/665,034



2831

PTO/SB/21 (12/97)
Approved for use through 9/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/665,034
		Filing Date	September 19, 2000
		First Named Inventor	Carapella, et al.
		Group Art Unit	2831
		Examiner Name	Ngo, H.
Total Number of Pages in This Submission	29	Attorney Docket Number	42390P6139C

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Request for Approval of Drawing Changes</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William E. Alford, Reg. No. 37,764 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 29, 2001

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:			
			October 29, 2001
Typed or printed name	Susan McFarlane		
Signature		Date	October 29, 2001

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CANCELLED

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FREE TRANSMITTAL
for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)

36.00

Complete if Known

Application Number	09/665,034
Filing Date	September 19, 2000
First Named Inventor	Carapella, et al.
Examiner Name	Ngo, H.
Group/Art Unit	2831
Attorney Docket No.	42390P6139C

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

02-2666

Deposit
Account
Name

Blakely, Sokoloff, Taylor & Zafman LLP

- ☒ Charge Any Additional Fee(s) Required
Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

☐ Applicant claims small entity status.
See 37 CFR 1.27.

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money
Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES

Total Claims		Extra Claims		Fee from below	
Independent	22	20**	2	18.00	\$36.00
Claims	2	3**	0	84.00	\$0.00
Multiple Dependent					

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple Dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$)

36.00

**or number previously paid, if greater. For Reissues, see below

FEE CALCULATION (continued)

3. ADDITIONAL FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	*Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	*Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William E. Alford	Registration No. (Attorney/Agent)	37,764	Telephone	(714) 557-3800
Signature		Date	10/29/01		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

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